GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2691
ANSWERED ON:17.03.2017
Health Service in Government Hospitals
Shekhawat Shri Gajendra Singh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

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(a) the present status of services provided in Government run hospitals and the human resource to deliver the services;

(b) the doctor-patient ratio State-wise and the measures taken to improve the ratio and if so, details thereof;

(c) whether the Government has formulated any scheme to cover rural population with no health insurance, if so, the details thereof along with the criteria/ guidelines laid down for funding; and

(d) the funds allocated/utilised for the scheme during the last three years, State/ UT-wise?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a): The number of patients visiting three Central Government Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and LHMC and associated Hospitals for treatment is much larger as compared to their handling capacity in terms of number of beds, manpower and other resources. Despite availability of huge infrastructure and other services in these Hospitals, there is a waiting period for certain procedures due to the ever increasing pressure on infrastructure and available manpower in these hospitals, which varies from Department to Department in these Hospitals.

(b): As per information provided by Medical Council of India, there are a total 9,88,922 allopathic doctors registered with the State Medical Council/Medical Council of India as on 30th June, 2016. Assuming 80% availability, it is estimated that around 7.91 lakh doctors may be actually available for active service. It gives a doctor-population ration of 1:1668 as per current population estimate of 1.32 billion.
The Government has taken various steps to increase the number of doctors, which include:
(i) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all Medical Colleges across the country. Further, teacher:student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Associate Prof. from 1:1 to 1:2 if the Associate Prof. is a unit head. This would result in increase in number of specialists in the country.

(ii) DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

(iii) Enhancement of maximum intake capacity at MBBS level from 150 to 250.

(iv) Enhancement of age for superannuation to 65 years for all sub-cadres of Central Health Services.

(v) Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.

(vi) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/increase of PG seats.

(vii) Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.

(viii) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.

(c) & (d): Public Health is a state subject. The National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, affordable and quality health care particularly to the rural population. The NHM supports strengthening of public health systems as the main vehicle for social protection. To make health care affordable to the population, the Government under NHM has been supporting the States for provision of free drugs, diagnostics and free emergency and essential services in public health facilities. Funds released and utilised under the NHM during the last three years State/UT-wise is provided at Annexure.